

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000005860**

1. Entity Name  
**COASTAL MARITIME INSTITUTE, INC.**



Principal Place of Business  
**2800 EAST COMMERCIAL BLVD.  
SUITE 209  
FORT LAUDERDALE, FL 33308 US**

Mailing Address  
**2800 EAST COMMERCIAL BLVD.  
SUITE 209  
FORT LAUDERDALE, FL 33308 US**



01242006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0634228** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**REEDER, GERARD S  
5841 NE 22ND AVENUE  
FT. LAUDERDALE, FL 33308**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
REEDER, GERARD S  
5841 NE 22ND AVENUE  
FT. LAUDERDALE, FL 33308**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
RODRIGUEZ, CHRIS  
225 GLENWOOD BLVD  
DAVENPORT, FL 33069**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
BRAMAN, RICHARD L  
1501 SE 4TH AVE  
FORT LAUDERDALE, FL 33316**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

000000408904  
02/09/06-80014-022 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gerard Reeder, Director

1/31/06

954 816 5511